



Maryland Health Care Commission

Thursday, February 19, 2015

1:00 p.m.

1. **APPROVAL OF MINUTES**
2. UPDATE OF ACTIVITIES
3. ACTION: Certificate of Need – Brooke Grove Retirement Village (Docket No. 14-15-2354)
4. PRESENTATION: Nursing Home Short-Stay Survey Results
5. UPDATE: Legislation
6. UPDATE: Forecast of Cardiac Surgery Cases
7. UPDATE: Home Health Agency Workgroup
8. Overview of Upcoming Initiatives
9. ADJOURNMENT

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ACTION:

Certificate of Need – Brooke Grove Retirement Village (Docket
No. 14-15-2354)

(Agenda Item #3)

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PRESENTATION:

Nursing Home Short-Stay Survey Results

(Agenda Item #4)

Nursing Home Short Stay Survey Results

FEBRUARY 19, 2015

History of Maryland Short Stay Survey

- Staff observed increasing numbers of short stays in some nursing homes (MDS data confirmed)
- Our Center has collaborated with the Agency for Healthcare Research and Quality (AHRQ) on several survey projects and were asked to assist in further testing of short stay survey
- Short Stay survey began in 2011 as a pilot

What Constitutes a Short Stay

Follow AHRQ Survey Guidelines

- Maryland MDS data used to determine nursing homes with average of 25 or more short stay discharges each month
- Resident stay of 5-100 days
- Resident discharged home in last three months

Short Stay - an Increasing Market

Short stay discharges have increased 30% statewide, growing from 46,800 to 60,700 in 2 years

Seven nursing homes are focused exclusively on short stay residents: are hospital-based

Maryland All Payer Modernization Model will likely further increase the use of short stay

Profile of 72 Standard Nursing Homes With Short Stays in the Survey

Size: 71% have 120 or greater beds

Location: 84% located in urban/suburban parts of the state

Other characteristics:

- 71% for-profit status vs. 61% of all nursing homes
- 65% corporate affiliated

Staffing:

- Total staff = 4.3 hours per resident day vs. 3.99 for non-participating nursing homes
- Licensed staff = 1.96 hours per resident day vs. 1.53 for non-participating nursing homes

Profile of the 7 Focused Short Stay Nursing Homes

Size: <30 beds; average size 24 beds

Location: 71% urban/suburban

Other Characteristics:

- 7 focused nursing homes represent 12.5% of the total facilities surveyed
- 100% are non-profit
- 71% are health system affiliated

Staffing:

- Total staff = 7.32 hours per resident day vs. 3.99 for non-participating homes
- Licensed staff = 4.42 hours per resident day vs. 1.53 for non-participating homes

Overall Rating of Care

Question	2012	2013	2014	Significant Difference
Overall rating of care received from the nursing home staff	7.8	8	7.9	
Overall rating of the nursing home	7.6	7.9	7.7	↓ from 2013
Percentage that said “Definitely Yes” or “Probably Yes” to “Would you recommend the nursing home?”	81%	83%	81%	↓ from 2013

Domain Ratings

DOMAIN	2012	2013	2014
Care Provided to Residents	7.7	7.9	7.7
Respect & Communication	7.8	8.0	7.9
Autonomy & Personal Choice	8.7	8.8	8.8
Activities	7.0	7.2	7.0
Facility Environment	6.7	6.9	6.8
Transition to Home	8.0	8.2	8.2

Transition Questions

Transition to Home	2012	2013	2014
Before leaving the nursing home, did the nursing home staff talk with you about whether you would have the help you needed after you left? (% Yes)	85%	86%	86%
Before leaving the nursing home, did you get information in writing about what symptoms or health problems to look out for? (% Yes)	70%	73%	73%
Before leaving the nursing home, did the nursing home staff tell you what your medicines were for? (% Yes)	80%	82%	82%
When I left the nursing home, I clearly understood the purpose for taking each of my medications. (% Yes)	84%	87%	87%

Quality Scores of Short Stay Nursing Homes

Short Stay Quality Measures

- Short stay residents without moderate to severe pain
- Short stay residents without new pressure ulcers or with pressure ulcers that stayed the same
- Short stay residents assessed/given influenza vaccination
- Short stay residents assessed/given pneumococcal vaccination
- Short-stay residents not started on an antipsychotic medication

Long Stay Quality Measures

- Long-stay residents without moderate to severe pain
- Long stay residents without pressure ulcers
- Long stay residents assessed/given influenza vaccination
- Long stay residents assessed/given pneumococcal vaccination
- Long-stay residents not receiving antipsychotic medication

Quality Scores of Short Stay Nursing Homes

Short Stay Measures	SS n=79	LS n=144	State Ave n=223
Pain Mgt	85.2	85.3	99.2
Pressure Ulcer	99.3	99.2	99.2
Flu Vaccine	84.6	82.0	83.0
Pneum Vaccine	85.9	80.4	82.3
Antipsychotic Use	98.1	97.8	97.9

Comparable LS Measures	SS n=79	LS n=144	State Ave n=223
Pain Mgt	95.9	94.7	95.1
Pressure Ulcer	93.4	93.4	93.4
Flu Vaccine	93.2*	95.3	90.8
Pneum Vaccine	94.5	93.9	90.3
Antipsychotic Use	87.6	83.4	84.9

* Hospital based excluded

Collaboration With HSCRC

- MHCC Short Stay survey began 2011 (pilot) preceding the waiver application
- Waiver application finalized in the fall 2013 incorporated short stay results as a performance indicator sent to CMS for the Waiver test
 - Informal collaboration with HSCRC staff to provide annual short stay results
- Will continue to expand the short stay survey to additional nursing homes that meet the baseline requirements as requested

Takeaways

- Improvement in transitions across settings will benefit providers, patients and reduce costs
- The expanding population of seniors, especially younger seniors, will likely result in a greater need for short-term care (e.g., while recovering from joint replacements) with the ability to return to their homes
- The All Payer Hospital Modernization Waiver supports early discharge and eliminating avoidable readmissions. HSCRC uses short stay results as one performance measure to evaluate progress in meeting waiver goals
- HSCRC has begun populating the nursing home field on their Discharge Abstract so as to create their own data base on discharges to nursing homes over the next few years

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UPDATE:

Legislation

(Agenda Item #5)

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UPDATE:

Forecast of Cardiac Surgery Cases

(Agenda Item #6)

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UPDATE:

Home Health Agency Workgroup

(Agenda Item #7)

A New Approach for Planning and Regulatory Oversight of Home Health Agency Services in Maryland

February 19, 2015

Linda Cole

Center for Health Care Facilities Planning and Development

Carol Christmyer

Center for Quality Measurement and Reporting



Overview

- ▶ Update Home Health Agency (HHA) Chapter of State Health Plan
- ▶ Develop Whitepaper
 - Supply and distribution of HHAs
 - Utilization and financing
 - Quality assurance mechanisms
 - Issues regarding current regulatory approach
 - Conceptual framework for a new approach
- ▶ Convene HHA Advisory Group

HHA Advisory Group

- ▶ Charge to assist staff in:
 - Identifying factors contributing to changes in utilization
 - Addressing regulatory issues
 - Reviewing use of quality and performance measures in CON, planning, and policy development
 - Reviewing new conceptual approach
- ▶ Participants: HHAs; MNCHA; local health dept; RSA; consumer; payers and state/federal regulators
- ▶ Timeframe: estimate 3 meetings Feb-April, 2015

HHA Supply and Geographic Distribution

Supply

- 56 agencies: 50 general; 6 specialty
- Agency type:

Freestanding (43)	CCRC-based (4)	Local Health
Departments (2)		
Hospital-based (6)	Nursing Home-based (1)	
- 35 agencies (63%) are for-profit

Geographic Distribution

- majority located in Baltimore metropolitan area, Montgomery, Prince George's, Carroll and Frederick Counties
- vast majority (80%) authorized to serve more than 1 jurisdiction
- however, not all HHAs serve all of their authorized jurisdictions

Utilization of HHA Services

Profile of a Typical HHA Client: 2013

- Age: 65+ years (70%)
- Gender: female (60%)
- Race: White (59%); African-American (22%); Hispanic (2.1%)
- Admission Source: Hospital (54%); Physician (19%); NH (14%)
- Discharge Destination: Goals Met (69%); Transfer to Hospital (10%)
- Principal Diagnoses: Circulatory; Respiratory; Musculoskeletal
- Payer Source: Clients: Medicare (72%); Private Insurance (18%); Medicaid (5%); HMO (4%)

Statewide Utilization Trends: 2004 - 2013

- Overall increase: 21% admissions; 16% clients; 36% visits
- Contributing factors: changes in Medicare's HH PPS; new CMS requirements; ACA implementation; entry of new HHA providers

Figure 1: Total Number of Home Health Agency Admissions and Licensed Agencies: Maryland, Fiscal Years 2004-2013

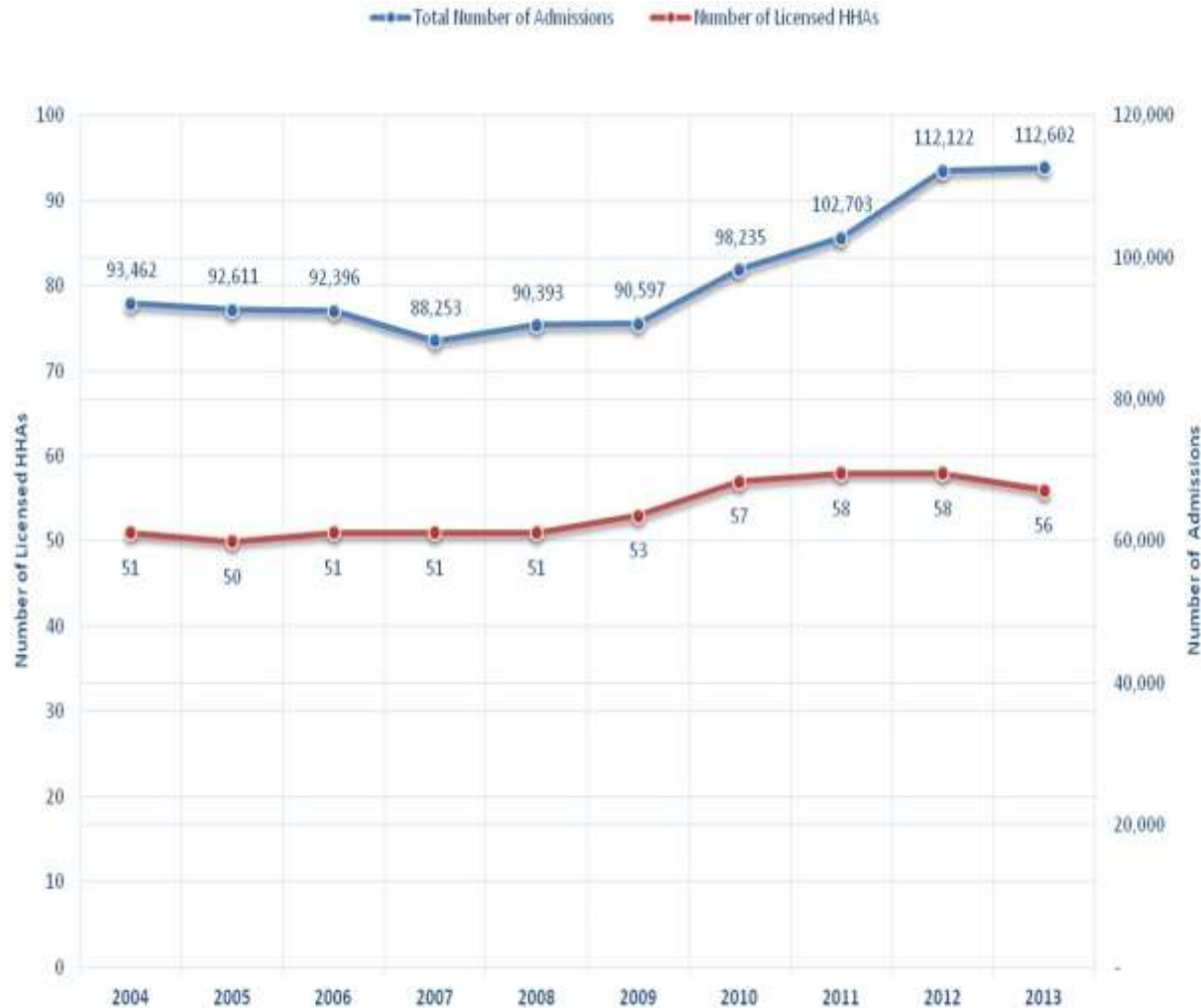
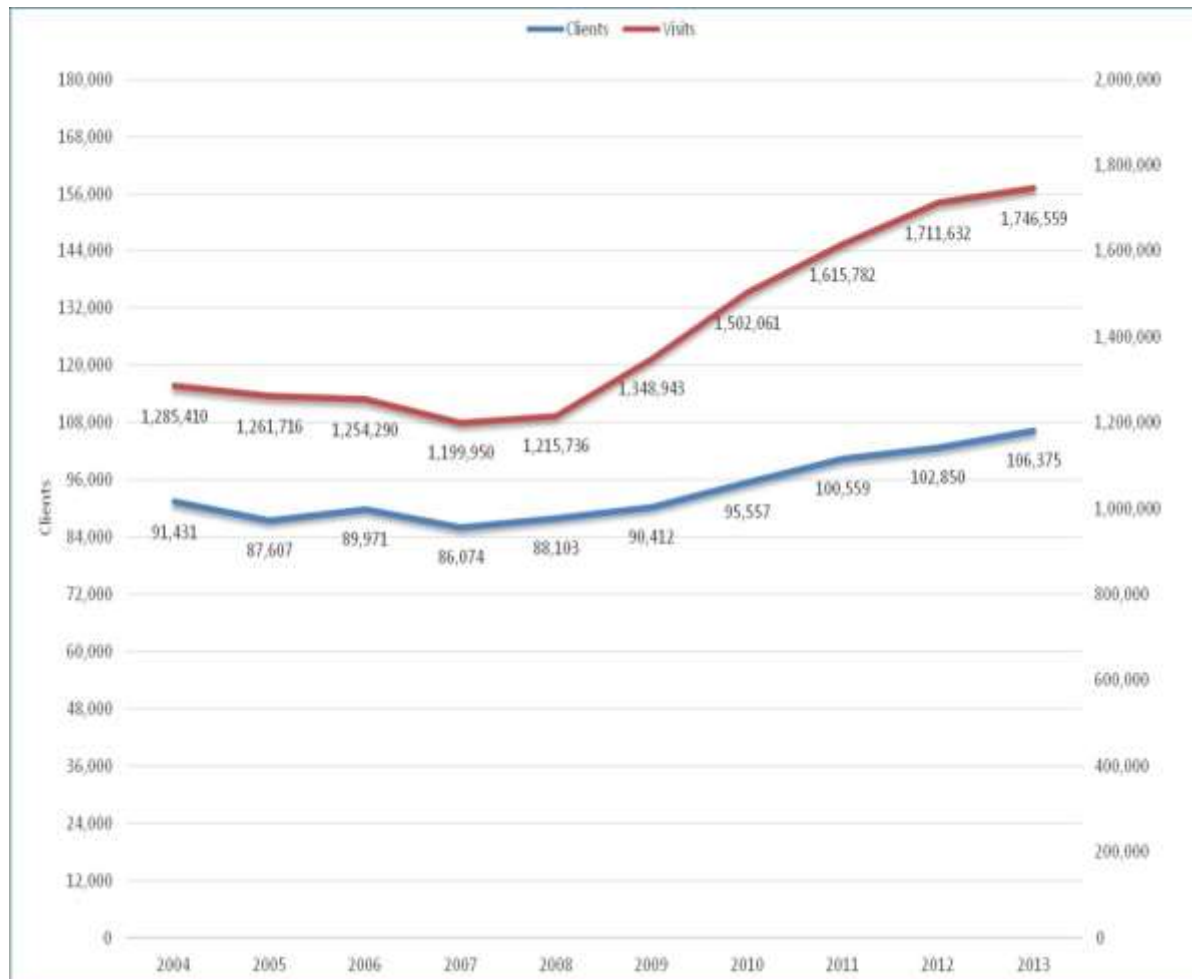


Figure 2: Total Number of Home Health Agency Clients (Unduplicated) and Visits: Maryland, Fiscal Years 2004-2013



Issues with Current Regulatory Approach

► Forecasting Need

- Relies on statewide assumptions re: client referral
- Assumes number of HHA clients will change consistent with population changes
- Fixed assumptions from base to target year
- Forecasts for number of clients, not agencies
- Uses same volume threshold for all jurisdictions

► Quality Measures

- Requires a quality assurance program
- No specific quantitative measures used

Features of New Approach

- ▶ Shift towards greater emphasis on quality and performance measures
- ▶ Dynamic approach: create opportunities for development of high quality HHAs in response to changing needs of population and marketplace
- ▶ Permit gradual growth through expansion of existing HHAs with high level of performance, as well as development of new HHAs with track record of providing quality services
- ▶ Focus on consumer choice
- ▶ Include qualifying factors for both a jurisdiction and an applicant

Home Health Quality Measures

What is the “State of the Art” in Home Health Quality Measures

Measure Type	What is Measured	Data from	# in Use
Process Measures	care given	OASIS	13
Outcome Measures	result of care	OASIS	7
Potentially Avoidable Event Measures (outcome)	result of care	claims	2
Patient Experience of Care (CAHPS)	patient report	HH CAHPS	5 composites

Home Health Quality Measures

Listed in the order in which they appear on the **Maryland Consumer Guide to Long Term Care**

Managing Daily Activities

How often patients got better at walking or moving around

How often patients got better at getting in and out of bed

How often patients got better at bathing

Managing Pain and Treatment Symptoms

How often the home health team checked patients for pain

How often the home health team treated their patients' pain

How often patients had less pain when moving around

How often the home health team treated heart failure (weakening of the heart) patients' symptoms

How often patients' breathing improved

How often patients' wounds improved or healed after an operation

How often the home health team checked patients for the risk of developing pressure sores (bed sores)

How often the home health team included treatments to prevent pressure sores (bed sores) in the plan of care

How often the home health team took doctor-ordered action to prevent pressure sores (bed sores)

Preventing Harm

How often the home health team began their patients' care in a timely manner

How often the home health team taught patients (or their family caregivers) about their drugs

How often patients got better at taking their drugs correctly by mouth

How often the home health team checked patients' risk of falling

How often the home health team checked patients for depression

How often the home health team determined whether patients received a flu shot for the current flu season

How often the home health team determined whether their patients received a pneumococcal vaccine (pneumonia shot)

With diabetes, how often the home health team got doctor's orders, gave foot care, and taught patients about foot care

Preventing Unplanned Hospital Care

How often patients receiving home health care needed urgent, unplanned care in the ER without being admitted

How often home health patients had to be admitted to the hospital

Home Health Consumer Assessment of Healthcare Providers and Systems® (HHCAHPS®)

HHCHAPS® reports two Overall measures and three Composite measures (a composite is a summary score given to several questions that measure the

Overall Measures
<u>Overall Rating of Care</u> - the percent of patients who gave a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)
<u>Likelihood to Recommend</u> - the percent of patients reporting YES, they would definitely recommend the HHA to friends and family

Composite Measures
How often the home health team gave care in a professional way (four questions)
How well home health team communicated with patients and family (six questions)
Did the home health team discuss medications, pain, and home safety (seven questions)

Quality Measures – Maryland Consumer Guide to Long Term Care

Quality Measures

Home Health Quality Measures

Data source: CMS Home Health Compare Measures reported for the time period January - December 2013

Select Category: Treating Wounds and Preventing Pressure Sores

Managing Daily Activities
Managing Pain and Treatment Symptoms
Treating Wounds and Preventing Pressure Sores
Preventing Harm
Preventing Unplanned Hospital Care

An asterisk (*) means the measure.

Treating Wounds and Preventing Pressure Sores			Baltimore County Department of Health- Home Health Services	Maryland Average
How often patients' wounds improved or healed after an operation.	82%			89%
How often the home health team checked patients for the risk of developing pressure sores (bed sores).	100%			99%
How often the home health team included treatments to prevent pressure sores (bed sores) in the plan of care.	95%			98%
How often the home health team took doctor-ordered action to prevent pressure sores (bed sores).	92%			98%

Criteria for Selection of Specific Measures

CMS proposes the following criteria:

- The measure should apply to a substantial proportion of home health patients and have sufficient data to report for a majority of home health agencies
- The measure should show a reasonable amount of variation among home health agencies and it should be possible for a home health agency to show improvement in performance
- The measure should have high face validity and clinical relevance
- The measure should be stable and not show substantial random variation over time

Home Health Quality Measures in CON

- ▶ Use selected (not all) measures, a combination of process, outcome, potentially avoidable events and experience of care (HHCAHPS®)
- ▶ Determine a benchmark score for each measure
- ▶ Track performance over time
- ▶ Achievement of benchmark and improvement in performance qualifying factors for CON

Specific measures, benchmark scores, and degree of improvement to be determined

CMS Proposed Five- Star Rating for Home Health Quality

Process Measures
Timely Initiation of Care
Drug Education on all Medications Provided to Patient/Caregiver
Influenza Immunization Received for Current Flu Season
Pneumococcal Vaccine Ever Received

Outcome Measures
Improvement in Ambulation
Improvement in Bed Transferring
Improvement in Bathing
Improvement in Pain Interfering With Activity
Improvement in Dyspnea
Acute Care Hospitalization

Future Developments

- ▶ Updated information to be posted on Commission's website

http://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_hha.aspx

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Overview of Upcoming Initiatives

(Agenda Item #8)

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The background of the image is the Maryland state flag, which is divided into four quadrants. The top-left and bottom-right quadrants feature a diagonal pattern of alternating black and gold triangles. The top-right and bottom-left quadrants are white with a red cross that has rounded ends. The text "ENJOY THE REST OF YOUR DAY" is centered across the middle of the image in a blue, sans-serif, all-caps font.

ENJOY THE REST OF
YOUR DAY